

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)

SERIAL NO. *10049709* | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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50						
TOTAL IND.	3					
TOTAL DEP.	18	↓	↓	↓	↓	↓
TOTAL CLAIMS	21					

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IND.	DEP.	IND.	DEP.
51			
52			
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99			
100			
TOTAL IND.		↓	↓
TOTAL DEP.		↓	↓
TOTAL CLAIMS		↓	↓